

Procedure Code Proposed Change

The First Steps Program requires that the majority of their procedure codes be billed in 15 minute increments. There are procedure codes that are billed to Medicaid for dually eligible recipients where the units are determined differently for the Medicaid program.

In order to address this issue with procedure code 95851 (range of motion measurement), the First Steps system is proposing a business rule change which would limit the use of this code to 1 unit (15 minutes) per extremity. This proposed change would limit the use of the range of motion procedure to 15 minutes per extremity during your therapy visit with a child.

For example, if a provider bills 4 units for code 95851 for range of motion for a visit that occurred on 6/5/07, this implies the provider has performed the range of motion procedure for 4 extremities for the child (15 minutes per extremity) on this date of service. If only 1 unit is billed for code 95851, the provider is indicating the range of motion procedure was provided for only 1 extremity for 15 minutes. **The current billing rule does not differentiate between extremities and units, therefore 4 units currently does not equate to 4 extremities being provided range of motion procedures. The 4 units currently equates to 4 – 15 minute time units. If you determine, based on the service you have provided to a child, that code 95851 (range of motion measurement) is not appropriate, you may continue to consider other appropriate or relevant codes, such as 97530 (therapeutic activities).

The state First Steps office is asking for feedback, suggestions or other comments regarding this proposed change to the business rule which would affect the amount of time a provider would be able to perform this range of motion procedure per extremity during therapy visits. The state will review your written comments for the next 14 days. You may submit your comments to Cathy.Robinson@fssa.in.gov.

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